

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **70/602906**  
 APPLICANT(S) **\***

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		33				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	26					
TOTAL CLAIMS	27					

  

91						
92						
93						
94						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						